



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3166

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/749,102	12/30/2003	417	3626	5909A (112713-1157)		
<b>RULE</b>						
<b>APPLICANTS</b> Thomas L. C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WI	58	58	3
Verified and	/KRISTINE K RAPILLO/					
Acknowledged	Examiner's Signature		Initials			
<b>ADDRESS</b> K&L Gates LLP P.O. Box 1135 Chicago, IL 60690-1135 UNITED STATES						
<b>TITLE</b> System and method for notification and escalation of medical data						
<b>FILING FEE RECEIVED</b> 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
<input type="checkbox"/> Credit						